

## Billing and Policy Orthotics and Prosthetics Bulletin 337

November 2003

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*Articles with related Part 1 Manual Replacement Pages may be found in the "Program and Eligibility" bulletin. Articles with related Part 2 Manual Replacement Pages may be found in the "Billing and Policy" bulletin. The Medi-Cal Update may not always contain a "Billing and Policy" section.*

### Benefits Identification Card: Psychiatric Drugs Exclusion

Effective for dates of service on or after December 1, 2003, claims including the following psychiatric drugs do not require an issue date and may be billed with either the recipient's Social Security Number or BIC ID number:

Amantadine HCl	Fluphenazine Decanoate	Paroxetine HCl
Amitriptyline HCl	Fluphenazine HCl	Perphenazine
Aripiprazole	Fluvoxamine Maleate	Phenelzine
Benzotropine Mesylate	Gabapentin	Pimozide
Biperiden HCl	Haloperidol	Quetiapine Fumarate
Bupropion HCl	Haloperidol Decanoate	Risperidone
Buspirone HCl	Haloperidol Lactate	Rivastigmine Tartrate
Carbamazepine	Hydroxyzine HCl	Sertraline HCl
Chlorpromazine HCl	Imipramine HCl	Thioridazine HCl
Citalopram Hydrobromide	Isocarboxazid	Thiothixene
Clomipramine HCl	Lamotrigine	Topiramate
Clonidine HCl	Lithium Carbonate	Tranlycypromine
Clozapine	Lithium Citrate	Trazodone HCl
Desipramine HCl	Loxapine Succinate	Trifluoperazine HCl
Diphenhydramine HCl	Mesoridazine Besylate	Trihexyphenidyl HCl
Divalproex Sodium	Mirtazapine	Valproate Sodium
Donepezil HCl	Molindone HCl	Valproic Acid
Doxepin HCl	Nefazodone HCl	Venlafaxine HCl
Escitalopram Oxalate	Olanzapine	Ziprasidone HCl
Fluoxetine HCl	Oxcarbazepine	

The Department of Health Services (DHS) Medical Review Branch continues to issue replacement Medi-Cal Benefits Identification Cards (BICs) in an ongoing effort to nullify BICs that may have been stolen or misused. As a general safeguard, there is a claims payment requirement when determining recipient eligibility for use of all but select drugs and services. This claims payment requirement was outlined in the July 2003 *Medi-Cal Update* in an article titled "Benefits Identification Card: Billing Reminder" and is repeated as follows.

When verifying eligibility for recipients who receive new cards, the Automated Eligibility Verification System (AEVS) will return the eligibility message, "For claims payment, current BIC ID number and date of issue required." Providers must have and use the BIC ID number and issue date from the new card when verifying recipient eligibility. All but excluded providers must have and use the BIC ID number and issue date from the new card when submitting claims for reimbursement. If the BIC ID number and issue date of the new card are not on the claim for recipients whose card returns the message, "Current BIC ID number and issue date required for payment," the claim will be denied.

*Please see **Benefits**, page 2*

**Benefits** (*continued*)

The following provider types are not required to provide an issue date on the claim and may bill with either the recipient's Social Security Number or BIC ID number: Emergency Air Ambulance Transportation, Alternative Birthing Centers, Community Hospital Inpatient, Community Hospital Outpatient, County Hospital Inpatient, County Hospital Outpatient, Genetic Disease Testing, Emergency Ground Transportation, Certified Hospice, Long Term Care Facility and Mental Health Inpatient. For all other provider types, the ID number and issue date of the card must be placed on all claims, as follows:

- **Paper Claims:** Enter the BIC ID number in the *Insured's ID Number* field (Box 1A). Enter the issue date in the *Reserved For Local Use* field (Box 19) of the claim. Identify the issue date in the "mmddyy" format.
- **CALPOS Pharmacy Claims:** Enter the BIC ID number in the *Recipient ID* field. The issue date must be placed in the *Issue Date* field per the current *Medi-Cal Point of Service Network Interface Specifications* for CALPOS pharmacy claims.
- **Computer Media Claims (CMC):** Enter the BIC ID number in the *Recipient ID* field. The BIC issue date must be placed in the *Remarks* area. Left-justify and enter the words "BIC ISSUE DATE" and identify the issue date in the "mmddyy" format.

For assistance with eligibility, the Automated Eligibility Verification System (AEVS), Point of Service (POS) device or Medi-Cal Web site, [www.medi-cal.ca.gov](http://www.medi-cal.ca.gov), call the POS/Internet Help Desk at 1-800-427-1295. If illegal use of a BIC is suspected, or if there are questions about this policy, call the Provider Support Center (PSC) at 1-800-541-5555.

**Prosthetic Appliances Repair: Billing Reminder**

Providers are reminded that Medi-Cal replaced HCPCS code L7500 (repair of prosthetic device, hourly rate) with code L7520 (repair prosthetic device, labor component, per 15 minutes), effective with the September 22, 2003 Medi-Cal implementation of the 2003 HCPCS update. Providers must bill Medi-Cal for prosthetic labor using code L7520. Reimbursement is \$8.75 per 15-minute unit. Up to three hours of labor time (12 units) may be billed without medical justification. *This information is reflected on manual replacement page ortho 5 (Part 2).*



## Use of Modifiers: Billing Reminder

Up to four two-character modifiers may be entered in the modifier field, Box 24D of the *HCFA 1500*. All modifiers must be entered immediately after the procedure code. Information that overflows into other fields (especially additional modifier fields) will cause the claim to suspend and a *Resubmission Turnaround Document* (RTD) will be issued.

Specific modifiers identified in the billing instructions should be entered in the first modifier field.

When providers bill multiple modifiers for a service not specified in the Medi-Cal billing instructions as needing multiple modifiers, providers must follow existing Medi-Cal policy and enter the specific modifier in the first modifier field. If the billing instructions require a service to be billed with a specified modifier, that modifier must be entered in the first field.

## Medi-Cal Field Office: Address Change

Effective September 22, 2003, the San Francisco Medi-Cal Field Office address has changed, as follows:

San Francisco Medi-Cal Field Office (SFMCFE)  
575 Market Street, Suite 400  
San Francisco, CA 94105-2823

All telephone numbers remain the same. *Treatment Authorization Requests* (TARs) formerly sent to 185 Berry Street, Suite 290, should be sent to the new address.

*This information is reflected on manual replacement page tar field 9 (Part 2).*



## CHDP Gateway: Pre-Enrollment Reminder

Since July 1, 2003, Child Health and Disability Prevention (CHDP) program providers have been able to pre-enroll children in the Medi-Cal program using the new *Child Health and Disability Prevention (CHDP) Program Pre-Enrollment Application* (DHS 4073, revised 7/03) either on the Medi-Cal Web site ([www.medi-cal.ca.gov](http://www.medi-cal.ca.gov)) or through the Point of Service (POS) network. Children younger than 19 years of age who are pre-enrolled in Medi-Cal at the time of a CHDP health assessment are eligible to receive either full-scope, no-cost Medi-Cal benefits and dental coverage or CHDP and emergency Medi-Cal services for up to two months.

During a child's CHDP health assessment visit, a provider electronically submits pre-enrollment information and receives an immediate response indicating the child's eligibility status. An eligible child will receive coverage for up to two months (during the month of application and the subsequent month).

If a child is eligible for Medi-Cal benefits, a Benefits Identification Card (BIC) number is included in the eligibility response and the provider prints an Immediate Need Eligibility Document for the child from the Web site or POS device.

*Please see CHDP Gateway, page 4*

**CHDP Gateway** *(continued)*

Any Medi-Cal provider can provide service to children presenting one of the documents below. Use the BIC number that appears on the document to verify eligibility for services such as office visits, optometric exams or prescriptions.

CHDP Gateway Pre-enrollment Application Response	
<p align="center"><b>CHDP GATEWAY PRE-ENROLLMENT RESPONSE</b></p> <p>Provider Number : zzzzzzzzz Application Date/Time 07/01/20 9:26:50 AM</p> <p>Patient's Name: Public John Q</p> <p>Date of Birth: 01/01/1988</p> <p>Gender: Male</p> <p>BIC ID#: 1234567890</p> <p>BIC Issue Date: 07/01/20</p> <p>Good Thru Date: 08/31/20</p> <p>You are temporarily eligible for Medi-Cal through 08/31/2003. Use this document to access Medi-Cal services until your Benefits Identification Card arrives. To continue your coverage, you must return a completed joint Healthy Families/Medi-Cal application before 01/31/2003. If you do not receive the application in the mail within 10 days, call 1-800-880-5305.</p> <p>Client Signature: _____</p> <p align="center"> <input type="button" value="Next Application"/> <input type="button" value="Print"/> </p>	
<p align="right">&lt;Header Line #1&gt; CALIFORNIA DEPARTMENT OF HEALTH SERVICES MEDI-CAL POS NETWORK &lt;Header Line #6&gt;</p> <p align="right">07/01/2003 12:04:22</p> <p>TERMINAL: V123456789 SOFTWARE: ZZACH01</p> <p>PROVIDER NUMBER: CHA123456</p> <p align="center"><b>CHDP GATEWAY PRE-ENROLLMENT RESPONSE</b></p> <p>PATIENT NAME: PUBLIC JOHN Q</p> <p>DATE OF BIRTH: 1988-01-01</p> <p>GENDER: M</p> <p>BIC ID#: 1234567890</p> <p>ISSUE DATE: 2003-07-01</p> <p>GOOD THRU DATE: 2003-08-31</p> <p>YOU ARE TEMPORARILY ELIGIBLE FOR FULL SCOPE MEDI-CAL THROUGH 08/31/2003. USE THIS DOCUMENT TO ACCESS MEDI-CAL SERVICES UNTIL YOUR BIC ARRIVES. TO CONTINUE YOUR COVERAGE YOU MUST RETURN A COMPLETED JOINT HEALTHY FAMILIES/MEDI-CAL APPLICATION BEFORE 08/31/2003. IF YOU DO NOT RECEIVE THE APPLICATION WITHIN 10 DAYS, CALL 1-800-880-5305.</p> <p>X CLIENT SIGNATURE _____</p> <p align="center">&lt;&lt;SYSTEM MESSAGE(S) FROM &gt;&gt; &lt;&lt; PROVIDER MAIL &gt;&gt;</p> <p align="center">THANK YOU! &lt;Footer 4&gt;</p>	

*Sample (above).* Immediate Need Eligibility Document via Medi-Cal Web site.

*Sample (right).* Immediate Need Eligibility Document via POS device.

**Provider Assistance**

For questions regarding POS or Internet requirements, contact the POS/Internet Help Desk at 1-800-427-1295, seven days a week, from 6 a.m. to midnight.

Please refer to the Medi-Cal Web site ([www.medi-cal.ca.gov](http://www.medi-cal.ca.gov)) for more information about the CHDP program. Providers who are interested in becoming CHDP providers can contact their local CHDP program. Please visit [www.dhs.ca.gov/chdp](http://www.dhs.ca.gov/chdp) for a list of local CHDP programs.

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## Instructions for Manual Replacement Pages

### Orthotics and Prosthetics (OAP) Bulletin 337

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#### *Part 2*

Remove and replace:   dura cd 15/16 \*  
                                  medi non hcp 1/2 \*  
                                  ortho 5/6  
                                  tar field 9/10

\* Pages updated/corrected due to ongoing provider manual revisions.